

## ACC NEWS



## President's Page: The Private Practitioner and The College

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The American College of Cardiology represents a very diverse membership. Physicians from the fields of cardiology, cardiovascular surgery, pediatrics, radiology, pathology and anesthesiology are recognized as Fellows, Associate Fellows, Affiliates or Affiliates-in-Training of the College and are found worldwide, engaged in the various activities of academic medicine and private practice, or a combination of the two. Such diversity presents a continuing challenge to the College: to develop in such a way that all of its members will be represented with increasing effectiveness.

The greatest number of members by far are in private practice, and I would like to focus on this largest single constituency. How well and to what degree are these members' views represented? What kind of influence does the private practice community wield in the development of College policy? What is the role of the individual practitioner in the College?

**Expanding role of the private practitioner within the ACC.** Private practitioners play a very large and active role, whether serving on the Board of Trustees, the Board of Governors or College committees or participating in the educational programs of the College. They also serve as consultants on a wide range of subjects and take a leading part in chapter activities. I believe strongly that the role of the private practitioner in the College will expand even further in the years to come as the College agenda broadens in response to the issues facing the profession.

Traditionally the College has served the membership primarily by providing a diverse educational format directed by the cardiovascular academic community to an audience composed predominantly of cardiovascular physicians in private practice. Although this traditional role remains strong, the boundaries are no longer so clearly marked. There is increasing involvement of the academic physician in private practice and of the private practitioner in an educa-

tional role. Likewise, there is an increasing opportunity for the private practitioner to participate in College affairs at every level, from chapter activities to national office.

For those in the academic community the Annual Scientific Session and other educational activities are the traditional routes to leadership roles. For interested private practitioners there are several avenues to leadership positions in the College. The following is a brief review.

**Membership on the Board of Governors.** This is a major route of entry for practitioners into College activities and enables the College to monitor the pulse of the world of private practice. The State Governors and Presidents of newly established state chapters are well positioned to identify cardiovascular specialists who have displayed or voiced such interest. The agenda of the Governors, based in part on an annual survey of issues, demonstrates that they are addressing the environment of private practice. A best estimate suggests that about half of the Board of Governors are from private practice, as has been the case through the years.

**Committee appointment.** Another route to leadership in the College is through committee appointments, which are made by the President-Elect in January of the year he or she takes office. Approximately 480 members serve on the various national committees of the College. All appointments are based on recommendations from College members or committee chairmen or individually voiced interests. Last fall I wrote to a large number of College leaders and members requesting names of persons who had not previously been involved in College activities but who in their minds would be productive new committee members. The response was overwhelming. Many more names were submitted than could possibly be appointed, so these names have been put on file as an excellent resource base for consideration in subsequent years. Approximately one fourth of the committee appointees for 1990-1991 were private practitioners.

There has been no conscious or deliberate effort to maintain an academic/private practitioner ratio in any of the

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College activities or committees. Rather, the effort has been to identify the best people who are willing to work diligently and with dedication for the College as committee members or chairpersons. These people become the main source of candidates for the Board of Trustees and officers of the College.

**The Board of Trustees.** This represents the ultimate governing body of the College; its members must approve all policy and initiatives before they are implemented. Nominees for the Board of Trustees have volunteered years of service to the College through committee work. Demonstration of leadership and ability to work within a consensus framework are necessities. Approximately one third of the Trustees are in private practice, a ratio that has remained quite constant through the years.

**The Strategic Planning Committee.** This committee was formed in 1986 as a result of the concern expressed by some College leaders as to whether the College was sufficiently responsive to the views and needs of its members. A subsequent "environmental scan" of College members identified a number of concerns from the broad constituency. The College has used this information to redirect College efforts and broaden its agenda considerably. A second environmental scan is scheduled for this year to complement the initial information and to signal new directions.

**The Government Relations Committee, the Private Sector Relations Committee and the Economics of Health Care Delivery Committee.** These three committees in particular reflect the broadening of the College's agenda. The Government Relations Committee, with the insightful direction of ACC staff, has become a major player in health policy issues arising from Congressional initiatives. The Private Sector Relations Committee is working to establish a dialogue with corporations and insurers. The Economics of Health Care Delivery Committee assists in analyzing the avalanche of statistical information coming from both the private sector and governmental sources. Two of these three key committees are chaired by private practitioners. All three committees are playing important roles for all College members in addressing the myriad socioeconomic and health policy developments that are rapidly evolving. As a consequence the College has gained the respect and trust of governmental committees, whose members are now beginning to approach the College for information and counsel. Similarly, representatives of industry will soon engage in a colloquium with College leaders to address the issues of health care access and the cost of medical care.

**The joint American College of Cardiology/American Heart Association Task Force on Assessment of Diagnostic and Therapeutic Cardiovascular Procedures.** This group, charged with the task of setting guideposts for cardiovascular practice standards, has benefited by having the perspectives of both private practitioners and academic physicians. Over the past 10 years, this Task Force has charged a

succession of subcommittees to draft guidelines for the application of angiography, pacemakers and coronary angioplasty, among others. These guidelines have all been published in *JACC* and *Circulation*. More recently, through a combined American College of Cardiology/American Heart Association/American College of Physicians cooperative effort, guidelines are being developed to help local hospital committees establish appropriate physician credentialing processes. The first round of these guidelines, published in the June issue of the Journal, includes the use of Swan-Ganz catheters, echocardiography and coronary angioplasty. Other topics will follow. It is the hope of these organizations that the standards and credentialing guidelines will carry sufficient weight locally to influence practice patterns in a positive manner.

**The Cardiovascular Norms Committee.** A new initiative from this group has established a professional panel of 1,500 College members currently in practice to look at specific issues in the clinical practice of cardiovascular medicine and to provide opinions by consensus. It may well be that a percentage of new Fellows entering the College rolls each year will be asked to participate in this activity. This panel provides a relatively quick means to respond to issues brought to the College for consideration.

**ACC Delegates to the American Medical Association (AMA).** The two delegates from the ACC to the AMA House of Delegates are, and historically have been, private practitioners. The ACC remains committed to the support of the AMA and values its influence in the larger medical community.

**Opportunities and challenges.** These different activities serve to emphasize that the College truly does try to identify and meet the needs of its different constituencies. There is no lack of opportunity for members to serve in the College in some capacity. For the private practitioner, opportunities not only for service but also for leadership are increasing.

If there is no lack of opportunity, neither do we lack challenges. Specialists in cardiovascular medicine and related fields must address themselves to increasingly difficult questions of ethics and conflicts of interest as entrepreneurial medicine grows. We must apply our best judgment to the growing trend toward the establishment of guidelines for standards of medical care and the local credentialing of physicians. Our voice must be heard clearly and effectively in the development of both public and industrial health policy, where changes that will affect all of us are already taking place.

These challenges demand effective leadership, and developing leadership for the College requires finding the best qualified and most motivated individuals, from either the practicing or the academic community of cardiovascular specialists. Leadership also requires personal sacrifice, because time commitments can be substantial. In my judg-

ment, the sense of personal fulfillment and the satisfaction of knowing that the College successfully fulfills its mission more than justifies that commitment.

We should also recognize that successful personal involvement requires the support of associates and colleagues, as my own experience testifies. I could never have become President of this College without the help and encouragement of my associates, most of whom are themselves becoming increasingly involved with College activities.

As President, I would like to say to each member of the College that I welcome your views on anything related to College activities. I encourage you to write or call me and give me the benefit of your perspective whenever you feel you have something to contribute. All of us collectively are the College and the success of this organization rests on us. We must harness all the energy of our talented and diverse membership to fulfill our mission and to make the ACC the voice of cardiovascular medicine.